



Atty. Docket No. SHA01 P360

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Darin Evans et al.
Appl. No. : 10/562,099 (unofficial)
Filing Date : December 21, 2005 (unofficial)
For : BUMPER SYSTEM INCORPORATING THERMOFORMED
ENERGY ABSORBER

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

PRELIMINARY AMENDMENT

Amendments to the title begin on page 2 of this paper.

Amendments to the specification begin on page 3 of this paper.

Amendments to the claims are reflected in the listing of claims which begins on page 6
of this paper.

Remarks begin on page 14 of this paper.



LAP15 Rec'd PCT/PTO 16 OCT 2006

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PO Box 1450
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Dear Sir:

CERTIFICATE OF MAILING

I hereby certify that the attached Claims as Amended Form; Preliminary Amendment (14 pages); check in the amount of \$650; and return postcard are being deposited with the United States Postal Service as (first class mail) in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

On October 10, 2006.

Debra L. Cooper
Price, Heneveld, Cooper,
DeWitt and Litton LLP
695 Kenmoor, S.E.
Post Office Box 2567
Grand Rapids, Michigan 49501
(616) 949-9610

DLG/dlc



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 PO Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	47	Minus	34	= 13	x \$25	\$	X \$ 50	\$650.00
Independent Claims	5	Minus	5	=0	x 100	\$	X \$200	\$ 0.00
First Presentation of Multiple Dependent Claims \$180						\$	X \$360	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$650.00

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650.00 00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicant :
 Appln. No. :
 Page :

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus	*	**	x \$125	\$	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.


- * If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
 ** If the entry in Col. 3 is not "0," pay the required fee.

1. ☐ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☒ Please charge the fee of \$650 to cover the cost of the additional claims added by this response is enclosed.
4. ☐ A fee of \$_____ to cover the application size fee is enclosed.
5. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

October 10, 2006
 Date

DLG/dlc


 Daniel L. Girdwood, Registration No. 34 827
 Price, Heneveld, Cooper, DeWitt & Litton, LLP
 695 Kenmoor, S.E.
 Post Office Box 2567
 Grand Rapids, Michigan 49501
 (616) 949-9610